



# Financial Policy

Please review the following financial policies. As a part of requiring that all patients adhere to our policies, the following form must be signed and dated by both the patient and a witness. By signing this form, both patient and witness attest that the policy has been fully read, understood, and agreed upon by the signing patient.

1. Preliminary Consultation Fee: \$100 to be paid at time of service. Includes secondary consultation within 60 days, if needed.
2. Estimate of operation fees provided as part of consultation. Estimate does not factor potential costs from Physical Examination(s), Blood Tests, & Prescriptions.
3. 10% security deposit must be paid at time of scheduling for surgery. The remaining balance will be due 3 weeks prior to surgery.

4. Cancellation Refund Policy:

Refund Amount	Cancellation Window
100%	3 weeks prior to operation
25%	14-20 days prior to operation
No more than 50%	If rescheduled <i>then</i> cancelled

5. Post-Op visits relating to original surgery are covered for up to one (1) year. Unrelated consultations billed at reduced rate of \$65.
6. A reduced surgeon's fee will be assessed for minor re-operations, performed within twelve (12) months of original surgery. Fees for Operating Room Facility, Anesthesia, and Supplies are not covered (Minimum Charge: \$1,650).
7. \$30.00 Returned Check fee.
8. \$50.00 Fee assessed for missed consultation appointments if not cancelled within 48 hours.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_